

**Application Data Sheet****Application Information**

Application number::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: NITROSATED AND NITROSYLATED  
CARDIOVASCULAR COMPOUNDS,  
COMPOSITIONS AND METHODS OF USE

Attorney Docket Number:: 102258.172US5

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: David  
Middle Name:: S.  
Family Name:: GARVEY  
Name Suffix::  
City of Residence:: Dover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 10 Grand Hill Drive  
City of mailing address:: Dover  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: L.  
Middle Name:: Gordon  
Family Name:: LETTS  
Name Suffix::  
City of Residence:: Dover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 12 Abbott Road  
City of mailing address:: Dover  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France

Status:: Full Capacity  
Given Name:: Manuel  
Middle Name::  
Family Name:: WORCEL  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Gloucester Street, No. 4  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ricky  
Middle Name:: D.  
Family Name:: GASTON  
Name Suffix::  
City of Residence:: Malden  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 252 Kennedy Drive, No. 512  
City of mailing address:: Malden  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02148

### **Correspondence Information**

Correspondence Customer Number:: 25270

**Representative Information**

Representative Customer Number:: 25270

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	371 of	US04/026909	08/20/04
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/496,639	08/20/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/496,722	08/20/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/496,810	08/21/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/498,291	08/28/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/498,308	08/28/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/530,643	12/19/03

**Assignee Information**

Assignee name:: NitroMed, Inc.  
Street of mailing address:: 125 Spring Street  
City of mailing address:: Lexington  
State or Province of mailing address:: MA  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 02421-7801